

Kingston SEND Partnership Board

	<p>Thursday 30 September 2021, 10-12pm</p>
	<p>Virtual via Google Meets</p>

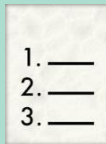



Members

Ian Thomas, Chair	IT	Chief Executive	Royal Borough of Kingston upon Thames
Agnieszka Czerwinska	AC	Parent Representative	Parent Carer Forum
Alison Stewart	AS	Designated Clinical Officer for Special Educational Needs & Disabilities	South West London Clinical Commissioning Group (Kingston)
Anna Chiva	AC	Associate Director for Special Educational Needs	Achieving for Children
Ashley Whittaker	AW	Programme Director	Achieving for Children
Brian Gale	BG	SEND Professional Adviser	Department for Education
Carmel Brady	CB	Speech & Language Therapist Lead for Children's Services	Your Healthcare CIC
Charis Penfold	CP	Director for Education Services	Achieving for Children

Cllr Diane White	DW	Portfolio Holder Children's Services including Education	Royal Borough of Kingston upon Thames
Grace Over	GO	Participation Officer for Children & Young People with SEND	Achieving for Children
Ian Dodds	ID	Director of Children's Services	Achieving for Children
Jo Steer	JS	Associate Director for Emotional Health Services	Achieving for Children
Jonathan Rourke	JR	SENDIASS Coordinator for Richmond and Kingston	SENDIASS
Judith Mobbs	JM	SEND Professional Adviser	Department for Education
Martin Ellis	ME	Director of Commissioning & Transformation	South West London Clinical Commissioning Group
Nicola Moore	NM	Policy and Project Officer – SEND Transformation	Achieving for Children
Nigel Evason	NE	Head of Children, Mental Health and Learning Disability	South West London Clinical Commissioning Group (Kingston)
Sean Maher	SM	Headmaster	Richard Challoner School
Stuart Sweeney	SS	Lay Member (Social Investment Sector)	
Yeasmin Murtaza-Ali	YM-A	Policy and Project Officer – SEND Transformation	Achieving for Children
Apologies			
Alison Danks	AD	Associate Director for Health Services	Achieving for Children
Alison Twynam	AT	Director Children's Social Care	Achieving for Children
Beverley Pass	BP	Parent Representative	Parent Carer Forum
Claire Deadman	CD	Nursery Manager	One Nine Seven Early Years Nursery
Elizabeth Broadhurst	EB	Interim Children's Commissioner	Exec Dir for Social care and Health
George Chaplin	GC	Participation Member	
Georgina Andrews	GA	Head of Practice Learning	Achieving for Children
Helen Green	HG	SEND Support Broker	Kingston Centre for Independent Living
Iona Lidington	IL	Director of Public Health	Royal Borough of Kingston upon Thames
Jane Bearman	JB	Assistant Director, Adult Services	Royal Borough of Kingston upon Thames
Karel Stevens-Lee	KS-L	Deputy Head of Transformation – Children's Services Lead	South West London Clinical Commissioning Group (Kingston)
Karen Long	KL	Service Lead, Frontline Services	Your Healthcare
Jonathan Brown	JB	Corporate Head of Service – Learning Disability & Transition, Locality Team Hubs	Royal Borough of Kingston upon Thames
Laura Smyth	LS	Chief Executive Officer	Yorda Adventures
Leigh Edser	LE	Principal	Dysart School
Louise Kearney	LK	Parent Representative	Parent Carer Forum
Michael Smith	MS	Associate Director for Finance	Achieving for Children
Nikki Craig	NC	Head of HR, Corporate Projects and IT	Achieving for Children

Peter Mayhew-Smith	PMS	Group Principal and CEO	South Thames Colleges Group
Rachel Nye	RN	Headteacher	Tolworth Infant and Junior School
Sarah Ireland	SI	Director of Corporate and Commercial	Royal Borough of Kingston upon Thames
Sharon Houlden	SH	Executive Director for Social Care and Health	Royal Borough of Kingston upon Thames
Sian Wicks	SW	Non-Executive Director	Achieving for Children
Terry Tottman	TT	Commissioning Manager	Achieving for Children
Tonia Michaelides	TM	Executive Locality Director (Kingston)	South West London CCG

 Minutes		Action 
1.	<p><i>Welcomes, Introductions and Apologies</i></p> <p>IT welcomed the Board, apologies and introductions noted.</p>	
2.	<p><i>Children and young people update</i></p> <p>On behalf of GC, who was unable to attend due to university commitments, GO read out the points noted below on behalf of GC.</p> <ul style="list-style-type: none"> • The mental health support teams embedded in schools should be visible to children and young people - CYP need to be given the opportunity to engage directly with these staff - I think this will reduce barriers to accessing support for CYP and will facilitate early intervention. • It is important school staff are able to identify concerning behaviour and put appropriate support in place/make appropriate referrals. Too often schools discipline CYP for behavioural problems instead of seeing them as an early warning sign and investigating the underlying cause. • School staff MUST be familiar with how to refer to CAMHS, particularly given that, on the local offer website there is a requirement listed that it should be demonstrated that all support that 	

can be put in place at school has been (hopefully this is familiar I couldn't access the local offer website to get the exact wording as it was down for maintenance).

- I believe that under no circumstances should school staff act as a "gatekeeper" for EHS/MHST services - school staff should err on the side of caution when making referrals to ensure CYP at risk are not missed.
- It is important that referral pathways for CAMHS are easy for parents and young people to understand.
- It is important to be aware that while on the most part schools do their best to support CYP, sometimes they will get it wrong and parents will present to CAMHS with little evidence of previous support in place in the school environment. These young people should not be prevented from accessing services.

It was agreed to share the points with **NE** and **JS** for comment/response, please see attached. **JS** offered to meet with **GC**. **Action - GO to liaise and assist with arranging the meeting with GC/JS.**

SM noted that in recent years schools have improved in managing situations regarding emotional wellbeing and mental health, especially with CAMHS, there are pressures around the CAMHS referral process, but fundamentally schools are in a better place. It was agreed to discuss the CAMHS pressures at Item 5. **Cllr White** asked, as this is a frequent topic of conversation, that there is an Emotional Wellbeing and Mental Health Referrals item at the next Mental Health and Wellbeing Board to include CYP and adults. **SM** also noted that there are now Mental Health and Wellbeing Clusters in the majority of schools across South West London. The impact of the pandemic on our CYP mental health is a priority for school leaders. There is a lot of work being carried out by schools and **SM** suggested schools could contribute to the MHWB Board to make partners aware of work that is taking place. There is a focus on early intervention to try and avoid the CAMHS route.

3.	<p><i>Parent and carer update</i></p> <p>AG noted that the PDF launch event planned for October 2021 at Chessington World of Adventure has been moved to Sunday 28 November and will now have a Christmas theme.</p> <p>AG also noted that the PCF would like to be involved in any planned mental health and wellbeing discussions / meetings moving forward.</p>	
4.	<p><i>SEND Futures Plan update and Dashboard</i> – For ease the x3 documents will be circulated with minutes, please refer for detail.</p> <p><i>Safety Valve Agreement Update Report Highlights</i> – AW highlighted the items that are now rag rated as Amber. Commissioning, there is price inflation in a number of placements, in particular Post 16. The average age of a CYP who has a plan is going up and there is a large percentage of total plans at Post 16, the price inflation at Post 16 is the highest of all ages. This is why commissioning and developing our Post 16 provision are ragged as Amber. AW noted the importance of working with Adult Social Care on the Post 16 agenda and ensuring we meet the terms of the Safety Valve Agreement. The other two that are ragged Amber are Contributions from Health and Social Care and Capital Funding Investment. Overall, the report is positive and we are confident that we will receive the funding for Q2, but there is not room for complacency.</p> <p><i>SEND Futures Plan Update Report Highlights</i> – AW noted the number of CYP involved in consultations and the important role they have in the Post 16 campus planning. Parents and Carers, there was a discussion at the PCF Monthly Consortium meeting around the short break provision, there were workforce issues around the mainstream clubs that provide short breaks for children with SEND during the summer break, agency staff were employed and AfC had to provide staff to ensure that the provision was provided for those children. The other area discussed was continuing healthcare, a presentation provided to the PCF and this area will be revisited in the future. The advert for the new Parent Care Engagement Officer is live, there has already been 20 applications and there are 20 in the process of applying. AW noted that the Richmond Inspection</p>	

letter has been published and there is some relevance to Kingston as it also overlaps with the LGA Peer Review. The High Needs Block Subgroup meets for the first time on 4 October 2021. The Head of Strategic Commissioning has been appointed, not exclusively for SEND, but will support the team to improve SEND commissioning. Two interim SEN Place Commissioner have been appointed for 6 months, the recruitment of the permanent positions will continue.

Therapies, **NE** pointed out that HRCH, the Richmond therapies provider, are now in a situation where they are no longer able to deliver statutory duties. Senior managers are reviewing priorities and looking for a solution, but again recruitment is an issue as there is a lack of trained therapists. **AS** noted that the Therapies Operational Group has agreed services specs for all therapists and are working with partners to find a solution, a short term solution would be spot commissioning, but this will still be a challenge. **CB** confirmed that Yourhealthcare are also currently unable to deliver statutory plans, with approx. 35 plans outstanding and are working with AfC to try and resolve this issues. **Action – Therapies and non-delivery of statutory duties will be discussed at the next Board.**

SM referred to the 6.4% increase in EHCPs over the last 12 months, is this coming through from the primary or secondary sector, and also are there any statistics around the cessation of EHCPs. **AW** noted that the information is recorded and captured in detail by school and each child, where schools need support the Pupil Support and School Improvement Teams work with schools and offer guidance. **AW** also noted there has been an increase children arriving in the borough who require SEND support. In regard to cessation of plans, very few plans are stopped at pre 16. **AC** noted that there has been an increase in EHCP needs assessment requests relating to CYP mental health difficulties and there is a need to start thinking about how improve the support for those CYP with more complex needs. **AC** suggested working with **SM** and the secondary headteachers on the Annual Review process and the recommendation of the cessation plans, which has been challenged by school leaders and SENCos in the past. We are a partnership and we need to work together to achieve effective outcomes. **AS** noted that cessation also needs to link with the wider work on transition. **AC** suggested reviewing our data for those children with SEND needs from Early Years to help map out the best outcome and to also help with the financial forecast for

Social Care and Health. **SS** asked how challenging is Brexit / Pandemic related inflation and labour shortages generally in meeting the SEND agenda. Are central government sympathetic to the challenges? **AC** noted that the travel restrictions haven't helped with recruitment and sponsoring staff to come and work with us. The independent specialist schools are also struggling with keeping and employing staff and have had to close down provisions and this will have an impact on our CYP. The impact is across South West London and not just Kingston. **BG** noted that the DfE is currently collating information about the Brexit / Pandemic and will be reviewed shortly.

JM asked, in relation to the Safety Valve, about the escalation of costs for Post 16, what parts of the system are these coming from i.e. colleges, independent sector. **AW** noted that in the Safety Valve Report for Q2, KPI 30, 31, 32 have all increased significantly between Q1 and Q2 and higher than the target for 2021/22. **JM** asked if an analysis has been completed and would it be an idea to discuss at the next meeting, also added that the way the Safety Valve is report is drafted is strong and very useful reporting and congratulations to the team. **Action: AW to report back to the Finance Team.** After discussion it was agreed **Action: to bring the Post 16 paper drafted for the Schools Forum to the next Board.**

CB asked about the delivery of therapy provision outlined in EHCPs, because capacity to support this is reaching crisis point, and should we direct and prioritise what resource we have into EHCP delivery, but this will then impact on waiting times for other services. After discussion it was agreed that **Action: AfC / CCG / Yourhealthcare will meet outside of this Board, and before the next Board, to discuss what the best strategy is to resolve this issue.**

RBK SEND Partnership Board Performance Dashboard 2021/22 Q1 – **AW** noted that there are no significant differences since the July Board. At the July Board Cllr White referred to KPI 39 (Number of children and young people accessing CAMHS Tier 2 (Emotional Health Service) mental health support increases) = Is this access or actually waiting for a referral. **AW** confirmed that it is CYP accessing the service, but another KPI (40) has now been included which refers to waiting for a referral. In Q4 482 CYP were accessing Tier 2 and in Q1 there were 600, so a significant rise. CYP waiting for Tier 2 in Q4 176 and in Q1 194, another significant rise.

	<p>IT thanked the team for progress made, we need to continue to focus on the Amber areas, including meeting our statutory obligations. IT is aware of the issues around the delivery of statutory duties and the conversations taking place to resolve this and suggested not waiting until the next Board to escalate issues, but if there is anything he do to progress this, please let him know. IT suggested that Action: ID contacts SH about Adult Social Care prioritising this meeting going forward.</p>	
<p>5.</p>	<p><i>Emotional Wellbeing and Mental Health Service, service status and next steps – For ease the x2 presentations will be circulated with minutes.</i></p> <p>NE and JS presented the above. IT noted CAMHS has been a challenge for many years, it's not about the quality of the provision, but access has always been an issue. It is a positive that all partners agree that there is an issue and that it is not good enough for our CYP and work is underway to try and resolve the situation, but what are we doing to work with CYP and their families and parents and carers on the revised pathway. NE noted that there is a plan to work on a consultation engagement strategy to involve all elements and this work will include South West London colleagues to develop this strategy.</p> <p>AgC noted that she would like to see a holistic family friendly approach to emotional well-being and mental health and suggested a deep dive. It would be helpful to have more information about Thrive Framework and how families can get involved in co-production. It would also be helpful for families if there was information available about how they can access mental health support. AgC also suggested support for siblings and parents and carers. AgC noted the issues around recruitment and suggested contacting the local hospice, who have access to therapists or upskilling agency staff or carers.</p> <p>CP referred to the proposals outlined by NE and the themes AgC suggested and how they will thread into the Thrive model, which once it is taken forward will address some important messages about mental health for CYP and their families and this is why we want to work with this model. NE noted that AgC has highlighted the complexities of the partnership and issues with</p>	

access, funding and working with partners who are responsible for different elements. It is important to work together as a partnerships to move these issues forward. Public Health are key in earlier intervention. **JS** noted that what AgC has described is exactly what the Emotional Health Service would want to provide, they are there to work with families and all those involved in the system, but with 600 children accessing the service with only 6 members of staff, the work that they are trained to do is currently impossible due to capacity issues and it is proving difficult to provide a good service. **AW** noted that **JS** recently presented at the Parent Carer Consortium meeting about the Emotional Wellbeing and Mental Health support parents with SEND children can access, also noted that parents knowing where to access information is a recurring theme.

SS asked does CAMHS have the balance right between provision of therapy (CBT etc.) and prescribing of medication. **JS** noted that in Kingston the balance is right and the team do not prescribe medication without very careful consideration and always include conversations with parents, therapies are considered first, but with long waiting lists this is a challenge. The team always work with evidence based and NICE guidelines.

BG noted that when engaging families, do families understand what difference the iThrive makes to the experiences of children and young people who need support. It might be helpful to explain to them what difference its introduction will make to accessing services and the provision received. The information on national websites is predominately focussed on professionals.

CP noted the importance of this agenda item and the reasons we are worried, it would be helpful as a partnership to agree where and how are we going to address one or two key developments and monitor the difference we are going to make. Thrive is a big piece of work and initially we will not see any impact. Another concern is the length of time it takes to recruit, with the potential of a 3 month notice period to consider. **IT** suggested that as the Board meet bi-monthly it would be helpful to receive a virtual report on progress, with the first update in a month. **Action – NE to provide the update.** **ME** suggested in the short term slowing down less priority areas and focus resource towards this high priority area. **JS** agreed that priorities need to be focused on, the

	<p>investments discussed are a positive step, but sadly it will not, initially, address the long waiting times for treatments.</p> <p>JR noted that there are huge numbers of CYP struggling at the moment with access to school / anxiety etc. What's the tracking showing in terms of numbers needing support and the impact of Covid and inevitably wait times that flow from that. CP explained that referrals for school based anxiety are very high and we have huge numbers of requests for alternative provision for CYP. We are revising our menu of support, what it can and should be, working with health colleagues and GPs is important, it needs creative thinking and partnership working. JR would be happy to be involved and offered to produce case studies from their point of view if that is helpful?</p>	
6.	<p>Autism Terminology – For ease the presentation will be circulated with minutes.</p> <p>AS presented the above. This followed on from previous discussions around using the correct terminology, highlighting the difference between autism spectrum condition (ASC) and autism spectrum disorder (ASD) and the effect that describing it as a ‘disorder’ has on young and the need to use ASC not ASD. This point has queried by the paediatricians at Moor Lane, with regards to the diagnostic label, who have to follow guidance. AS confirmed that paediatrician colleagues are happy for therapists to use ASC in intervention, depending on parental choice. IT thanked AS and explained that it is important to use the correct language, the use of jargon can alienate people and how some language can be offensive. It is important to continue having these conversations.</p>	
7.	<p>Minutes from 14 July 2021 meeting and actions not otherwise covered</p> <p>The minutes were agreed.</p> <p>Forward Plan – Action: It was agreed for IT / AW to meet to discuss.</p> <p>Emotional Wellbeing and Mental Health – To remain on the agenda.</p>	

	Suggested Deep Dives: - Short Breaks. Post 16 Provision. Cessation of Plans and Transitions. The New SEN Framework - Children in Alternative Provision. CYP with complex needs and appropriate support for Emotional Wellbeing and escalation	
8.	<i>Any other business</i> It was agreed the November Board will be a hybrid meeting.	
9.	<i>Conclusion</i> IT thanked the Board for the progress made, as always it is good to have open and honest conversations, we know where we need to improve and we are working hard to achieve the best outcomes for our CYP.	

KINGSTON SEND Partnership Board will next meet on:

NB. Electronic invites have been sent.

25 November 2021 at 10-12pm

26 January 2022 at 10-12pm